PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Par	perwork Reduction Act	of 1995, no person a	re required to	respond to a collect				control number		
Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur		er 10/814,620-Conf. #5444 March 31, 2004					
FEE TRANSMITTAL			Filing Date		Arthur O. Tzianabos					
	For FY 2	2009		First Named In			nabos			
				Examiner Name N. M. Rooney						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1644			1004				
TOTAL AMOUNT	Attorney Docket No. B0801.70280US01									
METHOD OF	METHOD OF PAYMENT (check all that apply)									
Check X Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below										
x Charge any additional fee(s) or underpayments of x Credit any overpayments x Credit any overpayments										
FEE CALCUL										
1. BASIC FILING	G, SEARCH, AND			A DOLL 5550	E)/ A A 410 ·	ATION				
	ŀ	FILING FEES Small Entit		ARCH FEES Small Entity		ATION FEES Small Entity				
Application Ty	<u>pe</u> <u>Fee</u>		Fee (\$		Fee (\$)	Fee (\$)	Fees Pa	aid (\$)		
Utility	33	0 165	540	270	220	110				
Design	220		100	50	140	70				
Plant	22		330	165	170	85				
Reissue	33		540	270	650	325				
Provisional	22	0 110	0	0	0	0				
2. EXCESS CLA	IM FEES						Fee (\$)	Small Entity Fee (\$)		
Fee Description Each claim over 20 (including Reissues)							52	26		
Each independent claim over 3 (including Reissues)							220	110		
Multiple depend		· ·	,				390	195		
Total Claims	Extra Clair	ms Fee (\$)	F	ee Paid (\$) Mul		ltiple Dependent Claims				
	20 or HP	x			<u>Fee</u>	<u>∍ (\$)</u>	Fee Paid (\$)			
HP = highest numb	HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Clair		F	Fee Paid (\$)						
-3 or HP = X = =										
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets				dditional 50 or fra			Fee P	aid (\$ <u>)</u>		
100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00										
1801 Request for continued examination (RCE) (see 37 810.00								0.00		
SUBMITTED BY										
Signature	/Erik J. Spek/			Registration No. (Attorney/Agent)	61,065	Telephone	617.646.	8000		
Name (Print/Type)	Erik J. Spek, Ph	n.D.				Date	October 20	0, 2008		
•						-				
		O militir in	- f Els - Is	ic Eiling Under 37	05046			i		

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).							
Dated: October 20, 2008	Signature:	/Jennifer L. Cioffi/	(Jennifer L. Cioffi)				